

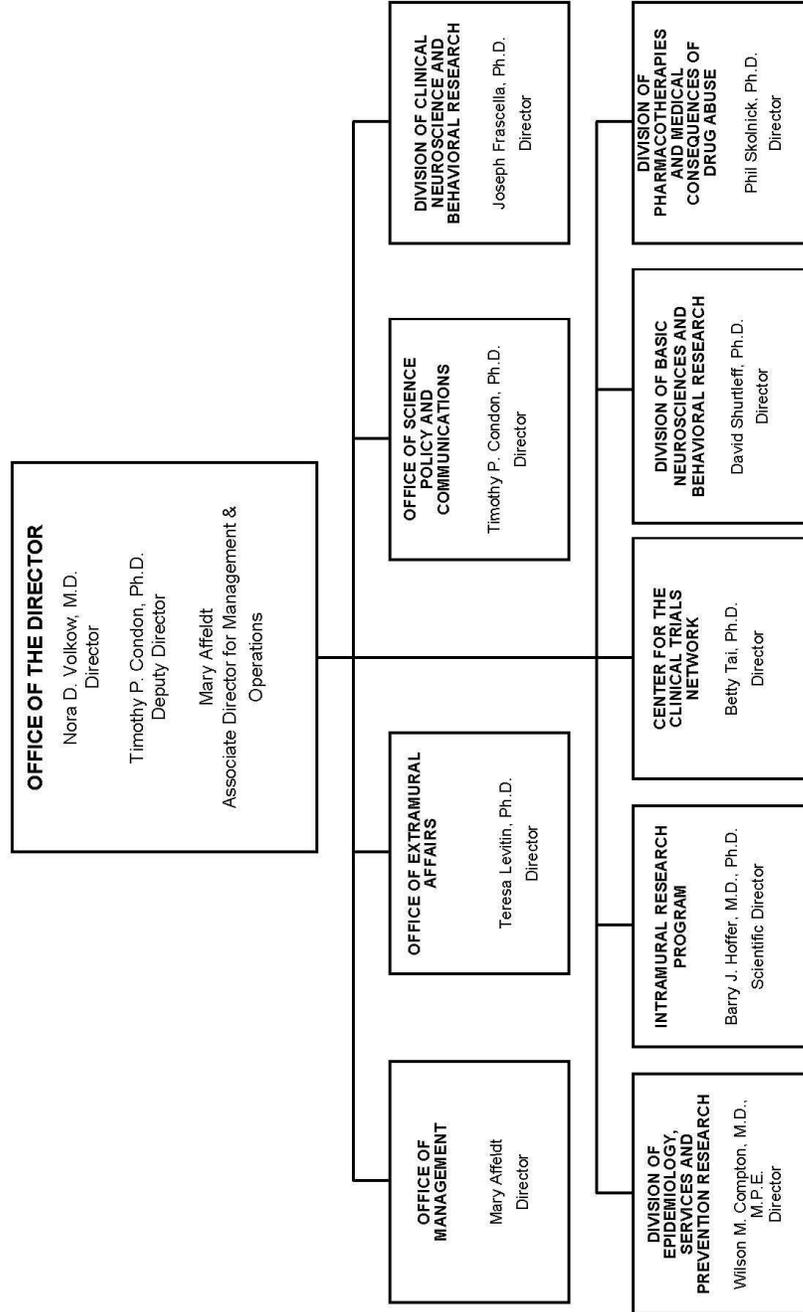
DEPARTMENT OF HEALTH AND HUMAN SERVICES

NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

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National Institutes of Health National Institute on Drug Abuse Organizational Structure



NATIONAL INSTITUTES OF HEALTH

National Institute on Drug Abuse

For carrying out section 301 and title IV of the Public Health Services Act with respect to drug abuse [\$1,059,848,000] **\$1,094,078,000** (Public Law 111-117, Consolidated Appropriations Act, 2010)

**National Institutes of Health
National Institute on Drug Abuse**

Amounts Available for Obligation 1/

Source of Funding	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Appropriation	\$1,032,759,000	\$1,059,848,000	\$1,094,078,000
Subtotal, adjusted appropriation	1,032,759,000	1,059,848,000	1,094,078,000
Real transfer under Director's one-percent transfer authority (GEI)	6,802,000	0	0
Comparative transfer for NCBI	-163,000	-252,000	0
Comparative transfer under Director's one-percent transfer authority (GEI)	-6,802,000	0	0
Comparative transfer for Public Access	-139,000	-150,000	0
Subtotal, adjusted budget authority	1,032,457,000	1,059,446,000	1,094,078,000
Unobligated balance, start of year	0	0	0
Unobligated balance, end of year	0	0	0
Subtotal, adjusted budget authority	1,032,457,000	1,059,446,000	1,094,078,000
Unobligated balance lapsing	0	0	0
Total obligations	1,032,457,000	1,059,446,000	1,094,078,000

1/ Excludes the following amounts for reimbursable activities carried out by this account:
FY 2009 - \$4,685,000 FY 2010 - \$5,461,000 FY 2011 - \$5,662,000
Excludes \$75,005 Actual in FY 2009; Estimate \$94,875 in FY 2010 and FY 2011 for royalties.

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
(Dollars in Thousands)
Budget Mechanism - Total

MECHANISM	FY 2009 Actual		FY 2009 Recovery Act Actual		FY 2010 Recovery Act Estimated		FY 2010 Estimate		FY 2011 PB		Change	
	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount	No.	Amount
Research Grants:												
Research Projects:												
Noncompeting	1,039	\$437,228			\$262	\$106,873	1,048	\$460,702	1,076	\$478,054	28	\$17,352
Administrative supplements	(90)	8,500	(30)	1,515	(3)	(50)	4,250	(50)	4,450	(50)	4,450	0 200
Competing:												
Renewal	95	46,298	33	12,358			94	46,465	91	45,667	(3)	-798
New	292	96,840	242	104,230	6	5,188	287	97,209	275	95,185	(12)	-2,024
Supplements	1	110	20	8,903			1	110	1	110	0	0
Subtotal, competing	388	143,248	295	125,491	6	5,188	382	143,784	367	140,962	(15)	(2,822)
Subtotal, RPGs	1,427	588,976	295	127,006	268	112,058	1,430	608,736	1,443	623,466	13	14,730
SBIR/STTR	52	18,711					51	18,824	53	19,583	2	759
Subtotal, RPGs	1,479	607,687	295	127,006	268	112,058	1,481	627,560	1,496	643,049	15	15,489
Research Centers:												
Specialized/comprehensive	48	73,074	7	5,004	7	4,853	47	74,170	52	76,395	5	2,225
Clinical research	0	0					0	0	0	0	0	0
Biotechnology	0	0					0	0	0	0	0	0
Comparative medicine	0	0					0	0	0	0	0	0
Research Centers in Minority Institutions	0	0					0	0	0	0	0	0
Subtotal, Centers	48	73,074	7	5,004	7	4,853	47	74,170	52	76,395	5	2,225
Other Research:												
Research careers	251	38,645					251	39,225	251	40,402	0	1,177
Cancer education	0	0					0	0	0	0	0	0
Cooperative clinical research	20	34,848					20	34,848	20	35,545	0	697
Biomedical research support	0	0					0	0	0	0	0	0
Minority biomedical research support	0	0					0	0	0	0	0	0
Other	59	13,576	5	1,751	5	1,752	59	13,780	61	14,193	2	413
Subtotal, Other Research	330	87,069	5	1,751	5	1,752	330	87,853	332	90,140	2	2,287
Total Research Grants	1,857	767,830	307	133,761	280	118,663	1,858	789,583	1,880	809,584	22	20,001
Research Training:	FTEs		FTEs		FTEs		FTEs		FTEs			
Individual awards	172	6,317	14	422	13	388	172	6,367	172	6,743	0	376
Institutional awards	399	18,460					399	18,608	399	19,708	0	1,100
Total, Training	571	24,777	14	422	13	388	571	24,975	571	26,451	0	1,476
Research & development contracts (SBIR/STTR)	199	93,870	2	750	7	4,100	199	96,569	203	103,884	4	7,315
	(20)	(6,169)					(20)	(6,000)	(20)	(6,000)	(0)	(0)
Intramural research	FTEs		FTEs		FTEs		FTEs		FTEs		FTEs	
Research management and support	122	86,272		999		294	122	87,566	126	90,368	4	2,802
Construction	272	59,708		126		1,653	270	60,753	284	63,791	14	3,038
Buildings and Facilities		0						0		0		0
		0						0		0		0
Total, NIDA	394	1,032,457		136,058		125,098	392	1,059,446	410	1,094,078	18	34,632

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
BA by Program
(Dollars in thousands)

	FY 2007 Actual FTEs	FY 2007 Amount	FY 2008 Actual FTEs	FY 2008 Amount	FY 2009 Actual FTEs	FY 2009 Amount	FY 2009 Comparable FTEs	FY 2009 Amount	FY 2010 Enacted FTEs	FY 2010 Amount	FY 2011 PB FTEs	FY 2011 Amount	Change FTEs	Change Amount
Extramural Research														
Detail:														
Basic and Clinical Neuroscience and Behavioral Research		\$457,812		\$472,687		\$465,434		\$489,960		\$503,584		\$519,497		15,913
Epidemiology, Services and Prevention Research		243,426		237,448		246,944		245,656		252,486		260,465		7,979
Pharmaceutical and Medical Consequences		114,972		114,346		109,457		109,420		112,463		116,017		3,554
Clinical Trials Network		47,043		40,393		41,456		41,441		42,594		43,940		1,346
Subtotal, Extramural		863,253		864,874		893,291		886,477		911,127		939,919		28,792
Intramural research	123	82,188	123	84,489	0	86,429	122	86,272	122	87,566	126	90,368	4	2,802
Res. management & support	248	56,511	253	57,932	0	59,841	272	59,708	270	60,753	284	63,791	14	3,038
TOTAL	371	1,001,952	376	1,007,295	0	1,039,561	394	1,032,457	392	1,059,446	410	1,094,078	18	34,632

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

Major Changes in the Fiscal Year 2011 Budget Request

Major changes by budget mechanism and/or budget activity detail are briefly described below. Note that there may be overlap between budget mechanism and activity detail and these highlights will not sum to the total change for the FY 2011 budget request for NIDA, which is \$34.6 million greater than the FY 2010 Estimate, for a total of \$1.094 billion.

Research Project Grants (+\$15.489 million; total \$643.049 million): NIDA will support a total of 1,443 Research Project Grant (RPG) awards in FY 2011. Non-competing RPGs will increase by 28 awards and increase by \$17.4 million. Competing RPGs will decrease by 15 awards and decrease by \$2.8 million. Within the total, NIDA will provide increases for the Director's scientific priorities, which include genomics and other high-throughput technologies, translational medicine, and initiatives that benefit health care reform and reinvigorate biomedical research.

Research Training (+\$1.476 million; total \$26.451 million): NIDA will continue its support for the research training program by providing an increase of \$1.274 million to fund a six percent increase in average stipend levels.

Intramural Research (+\$2.802 million; total \$90.368 million): The request will help offset the cost of pay and other increases. NIDA will work to identify areas of potential savings within the Intramural Research Program that will allow the institute to continue to achieve its program goals and accomplishments.

Research Management and Support (+\$3.038 million; total \$63.791 million): NIDA oversees almost 1,800 research grants, more than 500 full-time training positions, and over 200 research and development contracts. The increase will be used to partially offset the expenses associated with pay raises and other cost increases necessary to provide for the effective administrative, planning and evaluation, public information and communications, and scientific leadership of the institute.

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
Summary of Changes

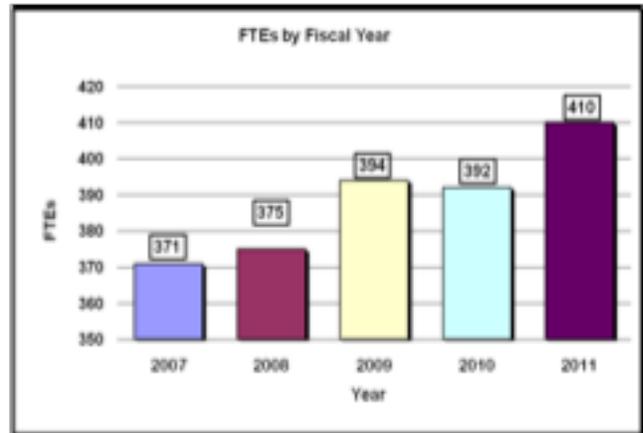
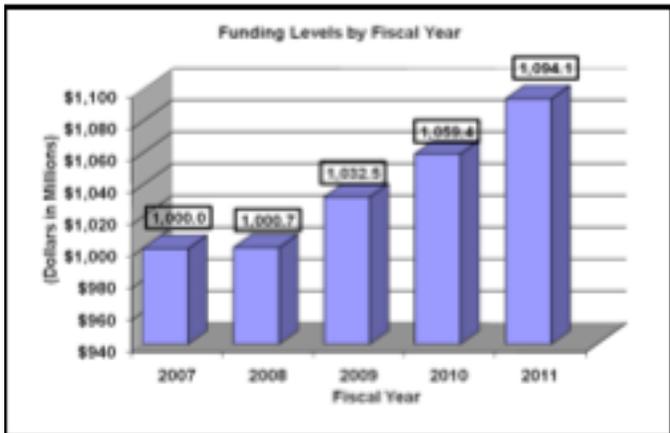
FY 2010 estimate		\$1,059,446,000	
FY 2011 estimated budget authority		1,094,078,000	
Net change		34,632,000	
CHANGES	2010 Current Estimate Base		Change from Base
	FTEs	Budget Authority	FTEs Budget Authority
A. Built-in:			
1. Intramural research:			
a. Annualization of January 2010 pay increase		\$20,944,000	\$127,000
b. January FY 2011 pay increase		20,944,000	220,000
c. Zero less days of pay (n/a for 2011)		20,944,000	0
d. Payment for centrally furnished services		8,750,000	175,000
e. Increased cost of laboratory supplies, materials, and other expenses		57,872,000	940,000
Subtotal		1,462,000	
2. Research management and support:			
a. Annualization of January 2010 pay increase		\$37,718,000	\$228,000
b. January FY 2011 pay increase		37,718,000	396,000
c. Zero less days of pay (n/a for 2011)		37,718,000	0
d. Payment for centrally furnished services		6,206,000	124,000
e. Increased cost of laboratory supplies, materials, and other expenses		16,829,000	288,000
Subtotal		1,036,000	
Subtotal, Built-in		2,498,000	

NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse
Summary of Changes--continued

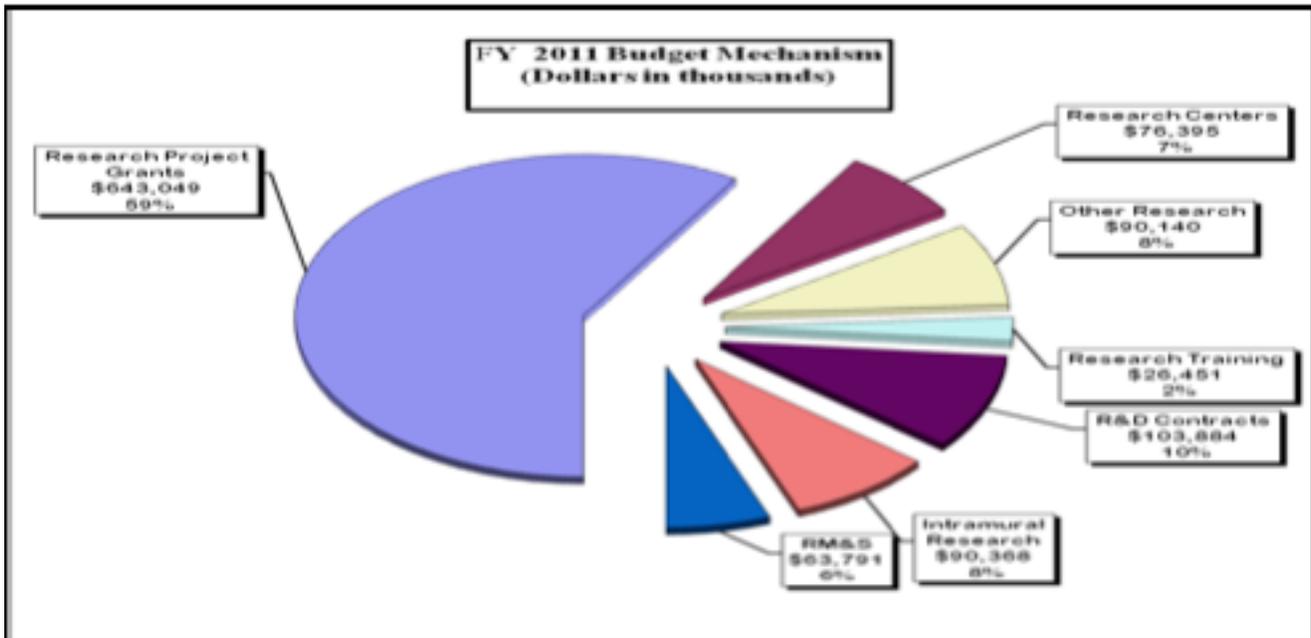
CHANGES	2010 Current Estimate Base		Change from Base	
	No.	Amount	No.	Amount
B. Program:				
1. Research project grants:				
a. Noncompeting	1,048	\$464,952,000	28	\$17,552,000
b. Competing	382	143,784,000	(15)	(2,822,000)
c. SBIR/STTR	51	18,824,000	2	759,000
Total	1,481	627,560,000	15	15,489,000
2. Research centers	47	74,170,000	5	2,225,000
3. Other research	330	87,853,000	2	2,287,000
4. Research training	571	24,975,000	0	1,476,000
5. Research and development contracts	199	96,569,000	4	7,315,000
Subtotal, extramural				28,792,000
6. Intramural research	122	87,566,000	4	1,340,000
7. Research management and support	270	60,753,000	14	2,002,000
8. Construction		0		0
9. Buildings and Facilities		0		0
Subtotal, program		1,059,446,000		32,134,000
Total changes	392		18	34,632,000

FISCAL YEAR 2011 BUDGET GRAPHS

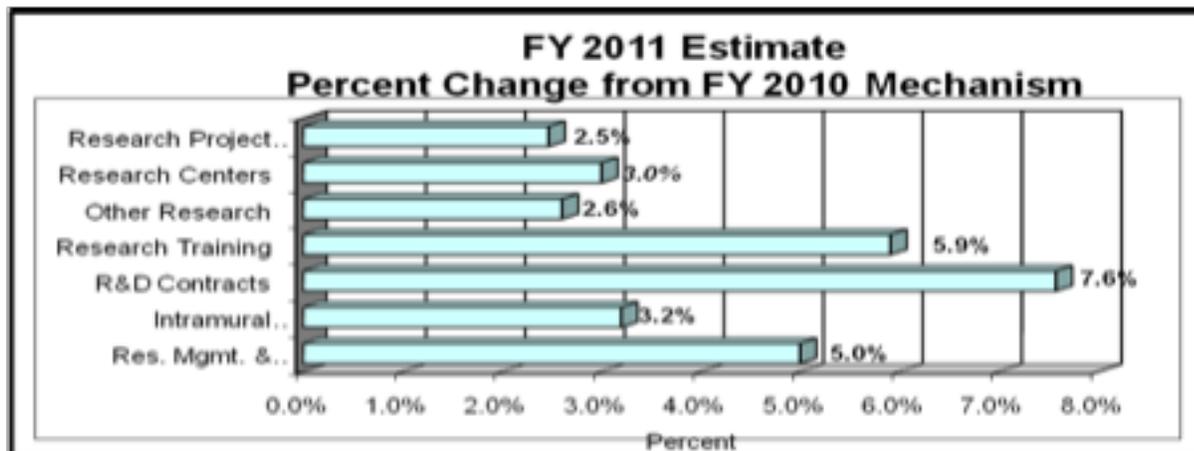
History of Budget Authority and FTEs



Distribution by Mechanism



Change by Selected Mechanism



Justification of Budget Request

National Institute on Drug Abuse

Authorizing Legislation: Section 301 and title IV of the Public Health Service Act, as amended.

	FY 2010 Omnibus	FY 2010 Appropriation	FY 2011 President's Budget	FY 2011 +/- 2010 Omnibus
BA	\$1,032,457,000	\$1,059,446,000	\$1,094,078,000	+\$34,632,000
FTE	394	392	410	+18

This document provides justification for the Fiscal Year (FY) 2011 activities of the National Institute on Drug Abuse (NIDA), including HIV/AIDS activities. Details of the FY 2011 HIV/AIDS activities are in the "Office of AIDS Research (OAR)" Section of the Overview. Details on the Common Fund are located in the Overview, Volume One. Program funds are allocated as follows: Competitive Grants/Cooperative Agreements; Contracts; Direct Federal/Intramural; and Other.

DIRECTOR'S OVERVIEW

Drug abuse and addiction continue to drive high rates of morbidity and mortality as well as exact an exorbitant social and economic cost. However, the landscape is rapidly changing: paradigm shifts in our scientific understanding of how drugs affect the brain, and their myriad health consequences, including addiction, are allowing us to translate a dramatically improved knowledge into the next generation of effective prevention and treatment interventions.

Gains in translation

The success of these efforts hinges on our ability to expand the two-way streets connecting bench with bedside. This is why NIDA is committed, for example, to link recent and stunning advances in genomics (e.g., the ability to analyze entire individual genomes) with emerging technologies for characterizing, with unprecedented detail, other critical domains, including environmental factors, brain structure, pre/perinatal clinical histories, and epigenetic marks (chemical alterations to the DNA, triggered by a host of environmental factors, that can affect gene expression and function). The resulting linkage maps are much more than academic exercises: the unprecedented level of resolution and multilevel integration that can be achieved by these maturing datasets will help us uncover important risk and resiliency mechanisms as well as new molecules and circuits that could be targeted by novel pharmaco/behavioral therapeutics.

Still, we face lingering challenges, such as the obstacles to pharmaceutical industry engagement in developing medications for addiction. In spite of this problem, NIDA continues its efforts to bring new medications forward by identifying promising compounds and supporting their development. Towards that end NIDA is planning to issue a funding announcement for a translational Avant-garde award to further research that helps the transition from the drug discovery stage to pre-clinical and clinical phases. Another important initiative in this context is the development of immunotherapies (e.g., vaccines) for the treatment of nicotine, cocaine, and methamphetamine addictions. The vaccines stimulate the body to produce antibodies that bind a drug while it is still in the bloodstream, thereby reducing its entry into the brain and blocking its pharmacological/behavioral effects. This strategy taps into a well-established model of harnessing the healing powers of our own bodies, a first, for addiction medicine.

Reform with Access in mind: a top priority

The development of new and better interventions will not result in significant progress unless we also leverage the best science in the pursuit of a meaningful health reform that sets available and affordable access to those treatments as top priorities. From our Institute's point of view, a critical element to improving care for substance abuse is to gain health care providers' embrace of the notion that addiction is a disease that plays a role in many other ailments. Getting physicians invested in detecting substance use early, preventing escalation to abuse and addiction, and referring patients in need of treatment can greatly improve our chances of closing the treatment gap. Towards that end, NIDA has recently deployed NIDAMED, a physician outreach program that includes user friendly online tools designed to help primary-care physicians screen their patients for alcohol, tobacco and other drug use.

A second requirement for this transformation will be to achieve a much better understanding of how to deliver the most effective interventions to those who need them, and reduce the health disparities that affect Americans. In this context, we pay particularly close attention to the special circumstances and pressing needs of the most vulnerable and underserved among us—including children and adolescents, minorities, prisoners or others involved in the criminal justice system, and people with HIV—testing targeted interventions in real-world settings through NIDA's Drug Abuse Treatment Clinical Trials Network and Criminal Justice-Drug Abuse Treatment Studies. NIDA's approach to reduce the burden of drug addiction involves an unrelenting focus on the potential to translate research into transformative clinical outcomes through initiatives like "seek and treat," which will evaluate and garner acceptance of screening and treating both drug abuse and HIV within the criminal justice system. Also relevant in this context are NIDA's international HIV prevention and treatment efforts, which will continue to build on past successes, like the development and increasing rates of adoption of buprenorphine for sustaining heroin abstinence, and preventing the spread of infectious diseases.

Reinvigorating and empowering the biomedical research community

One of the consequences of rapid scientific advances is a palpable excitement, within lay and research circles alike, about discovery possibilities that lie in future research. Thus, this point in time presents an excellent opportunity to reinvigorate and empower not only the biomedical research community, but also the general population, from which will emerge the future cadre of science leaders. NIDA has partnered with other NIH Institutes, under the umbrella initiative known as NIH Blueprint, to offer multidisciplinary training opportunities that present avenues for motivating interest in innovative brain research that could impact a variety of neurological/psychiatric disorders. Additionally, NIDA participates in the Intel International Science and Engineering Fair (Intel ISEF), selecting three projects each year to receive awards for exemplary work in Addiction Science.

Overall Budget Policy

The FY 2011 request for NIDA is \$1.094 billion, an increase of \$34.6 million or +3.3 percent over the FY 2010 enacted level. NIDA will continue to support new investigators and to maintain nearly the same number of competing RPGs as in FY 2010. In FY 2011, NIDA will support new investigators on R01 equivalent awards at success rates equivalent to those of established investigators submitting new R01 equivalent grants. Research priorities include those that position the Institute to optimally benefit from scientific advances able to transform our progress in preventing and treating drug abuse and its consequences and thereby further NIDA's public health mission. NIDA will support research that uses innovative genetics tools and technologies, furthers development of promising medications, and that translates the results of evidence-based findings to improve drug abuse interventions and promote greater access to them worldwide. The Institute also seeks to maintain a balance between solicitations issued to the extramural community and funding made available to support investigator-initiated projects. Intramural research and research management and support receive increases to help offset the cost of pay and other costs. In addition, funds are included in R&D contracts to support several trans-NIH initiatives, such as the Therapies for Rare and Neglected Diseases program (TRND), the Basic Behavioral and Social Sciences Opportunity Network (OppNet), and support for a new synchrotron at the Brookhaven National Laboratory, as well as increased support for other HHS agencies through the program evaluation set-aside.

FY 2011 JUSTIFICATION BY PROGRAM

Program Descriptions and Accomplishments

Basic and Clinical Neuroscience: Basic and Clinical neuroscience represent two programs in NIDA that work together to expand understanding of the neurobiological, genetic/epigenetic, and behavioral factors underlying drug abuse and addiction. Specifically, they examine the factors affecting increased risk and/or resilience to drug abuse, addiction, and drug-related disorders; the mechanisms of addiction; and the effects of drugs on the brain and behavior. Collectively, this research provides the fundamental information to develop and communicate prevention and treatment interventions for drug abuse and addiction.

Budget Policy: The 2011 estimate for this program area is \$519.497 million. By applying funds from grants that are ending in FY 10, we will pursue opportunities in line with our mission to study drug abuse and its consequences across the lifespan, from birth to youth to old age. Because adolescents are a key population of interest, a FY 10 RFA will award grants that integrate findings from research on brain development, cognition, and neuroscience into the creation of innovative and effective, drug abuse treatments targeted for youth. Results should enhance our understanding of adolescent neurodevelopment, including normal cognitive growth, executive function impairments stemming from drug abuse, and the specific thinking capacities that are necessary for treatments to be efficacious, thereby improving our ability to tailor treatments to individual needs and capabilities. Another FY 10 RFA will support studies proposing to use deep sequencing technologies to identify the specific genetic variants that affect addiction risk in well-characterized drug abusing population samples. Genome-wide association studies (GWAS) have identified genomic regions associated with addiction phenotypes, providing opportunities for further refinement using this deep sequencing approach.

Epidemiology, Services and Prevention Research: This program area seeks to promote integrated approaches to understand and address the interactions between individuals and environments that contribute to the continuum of drug abuse-related problems. This NIDA division supports research and major data collection systems, as well as surveillance networks. Program efforts help identify substance abuse trends locally, nationally, and internationally; guide development of responsive interventions for a variety of populations; and encourage optimal service delivery in real-world settings.

Reducing HIV Transmission and Improving Drug Treatment in the Criminal Justice System

More than 7 million people in the U.S. are involved with some aspect of the criminal justice system—2.3 million in prisons or jails, and about 5 million under community-based supervision. The drug abuse, mental health, and HIV treatment needs of this population are tremendous: approximately half of State and Federal prisoners meet criteria for alcohol or drug addiction, with about 22,000 State and Federal inmates known to be infected with HIV or to have confirmed AIDS at the end of 2006—a prevalence rate roughly 3 times that of the general U.S. population. This also makes criminal justice settings opportune venues for identifying and treating HIV and drug use disorders among high-risk populations and for intervening to counter the relapse-recidivism cycle.

As part of our approach to address this cluster of problems, which present both public health and safety issues, NIDA supports the Criminal Justice-Drug Abuse Treatment Studies (CJ-DATS) Initiative—a multisite research collaborative, launched in 2002 with several partners to develop and test evidence-based approaches for treating drug abuse and related conditions in the criminal offender population. Now in its second phase, this expanded initiative will test implementation strategies to foster treatment adoption and promote continuing care. For it is into the community where the vast majority of all inmates are eventually released and where, unfortunately, even those who received adequate drug abuse and/or HIV treatment while imprisoned, fail to maintain it.

NIDA plans to test a new strategy in this regard, aimed particularly at improving HIV outcomes for criminal justice populations before and after release. This approach, termed “Seek, Test, and Treat,” involves reaching out to high-risk, hard-to-reach groups who have not recently been tested (*seek*), providing HIV testing (*test*), and initiating, monitoring, and maintaining HAART therapy for those who test positive (*treat*). It also involves providing drug abuse treatment, without which individuals are unlikely to comply with their antiviral medications. NIDA hopes this initiative will not only expand access to HIV testing for those in the criminal justice system, but will improve the provision and maintenance of HAART following community reentry, when treatment lapse and viral load rebound can heighten risk of

HIV transmission. Hoped-for studies will identify and address ways that criminal justice and public health entities can better coordinate their efforts to successfully maintain treatment for HIV-positive offenders during and after community reentry.

Budget Policy: The 2011 estimate for this program area is \$260.465 million. A major focus for this NIDA program area is to improve drug abuse prevention and treatment services among populations in need. For example, through a FY 10 RFA, NIDA will support research aimed at improving HIV outcomes for criminal justice populations pre- and post-release. Another FY 10 RFA is encouraging studies on the associations between drug abuse, deployment stress, and combat trauma among U.S. military personnel and their families. Exposure to combat has been linked with increased substance abuse risk, as well as post traumatic stress and depressive disorders and disrupted social relationships. Resulting research should help identify risk and protective factors, develop and test substance abuse prevention and treatment interventions, and explore the utility of existing evidence-based prevention interventions and services for substance abuse—alone or with comorbid conditions—across the deployment cycle for military personnel, veterans and their families.

Pharmacotherapies and Medical Consequences: This program area is responsible for medications development aimed at helping people recover from drug abuse and addiction and sustain abstinence. It capitalizes on research showing the involvement of different brain systems in drug abuse and addiction, beyond the dopamine system, to develop medications in response to a variety of newly defined targets. This program area also seeks solutions addressing the medical consequences of drug abuse and addiction, including infectious diseases such as HIV.

Medication innovations for treating drug abuse and addiction

NIDA responded to Congress' call to "treat the symptoms and disease of drug abuse" by establishing in 1994 a program to support the discovery and testing of new addiction medications. Since that time, breakthrough discoveries have engendered a profound transformation in our understanding of the mechanisms and consequences of drug abuse and addiction, offering a unique opportunity for development of new therapies to help alleviate the devastating personal and social impacts of addiction.

One exciting new approach draws from a centuries-old practice to combat disease. Vaccination, which harnesses the body's own immune system to counter a broad range of disease agents, is being explored to improve the effectiveness of addiction treatments. Briefly, an anti-drug vaccine triggers the production of antibodies that then seek and bind the specific drug in the bloodstream, preventing its entrance to the brain, thus blocking its pharmacological and behavioral effects. This immune-based strategy has been linked with decreased drug use in patients who produced high levels of antibodies against cocaine or nicotine. Should the vaccine approach prove successful, it would represent a stunning breakthrough that could enhance the impact of existing therapies, particularly in the case of cocaine addiction, for which no medications are currently available. Cessation programs for nicotine addiction would also benefit, since vaccines could assist in curbing the exceedingly high relapse rates among quit attempters.

NIDA also continues to capitalize on our greater understanding of the neurobiology underlying addiction and of newly identified candidate systems and molecules, applying advances in genetics, brain imaging, neurochemistry, and molecular biology to hone research on medications development. Because no medications exist for stimulant, cannabis, or polydrug addiction, these areas remain priorities, along with finding new ways of reducing addiction liability and diversion and improving treatment adherence through alternative formulations and delivery methods. Pharmaceutical companies have been reluctant

to invest in addiction medications, largely because of perceived financial disincentives and stigma; thus NIDA remains one of the only entities addressing this critical gap and major public health need.

Budget Policy: The 2011 estimate for this program area is \$116.017 million. Program plans for 2011 give priority to a collaborative product development partnership (PDP) to develop, test, and facilitate the distribution of safe and effective medications for the treatment of tobacco dependence. The goal is to involve public (government agencies and institutes), non-profit (academia, NGOs, philanthropic institutions), and private sector entities to accelerate the development and production of smoking cessation drugs at a reasonable cost. NIDA will also continue to stimulate research to develop medications for the treatment of cocaine, methamphetamine, and/or cannabis addictions, for which there are no FDA-approved medications currently available. A FY 10 RFA will encourage studies to identify promising medications for cannabis-use disorders, as well as their medical and psychiatric consequences. Basic and clinical research will be supported to assess the safety and efficacy of candidate treatments. Another FY 10 RFA will support research on the design, synthesis and screening of novel compounds that affect high priority targets for addiction medications, for which no selective or developable molecule currently exists.

Clinical Trials Network: NIDA's National Drug Abuse Treatment Clinical Trials Network (CTN), which now comprises 16 research nodes and more than 240 individual community treatment programs, serves 34 States, plus the District of Columbia and Puerto Rico. The CTN works to develop treatment protocols for drug abuse and addiction and related conditions, such as comorbid mental health disorders and HIV, testing the real-world effectiveness of promising medication and behavioral treatment approaches with diverse patient populations and community treatment providers. It also serves as a research and training platform to help NIDA respond to emerging public health areas. Currently, the CTN provides a research platform for more than 30 research grants and a training platform for 60+ research fellows and junior faculty.

Budget Policy: The 2011 estimate for this program area is \$43.940 million. Program plans, along with expected accomplishments, are a culling and analysis of data for initiatives begun in FY 09 to (1) assess the effectiveness of a 12-step facilitation intervention for stimulant abusing patients in initiating and sustaining their involvement with support groups like Cocaine or Alcoholics Anonymous, (2) determine whether adding individual drug counseling to buprenorphine/naloxone (BUP/NX) treatment, along with Standard Medical Management (SMM), improves outcomes for patients addicted to pain medications, and (3) compare the effect of BUP/NX versus methadone on liver enzymes in patients entering opioid treatment programs, a phase 4 study requested by the FDA to provide additional information on risks, benefits, and optimal use of these medications. To test and validate more such effective and efficient treatments and facilitate their adoption by treatment providers nationwide, the CTN is seeking in FY 10 new cooperative agreement applications and renewal applications from established clinical investigators to participate in the CTN for the next 5 years.

Intramural Research Program (IRP): This Intramural program performs cutting edge research within a coordinated multidisciplinary framework. The IRP attempts to

elucidate the nature of the addictive process; to determine the potential use of new therapies for substance abuse, both pharmacological and psychosocial; and to decipher the long-term consequences of drugs of abuse on brain development, maturation, function, and structure, and on other organ systems. In addition, the IRP supports an HIV/AIDS Pathophysiology and Medications Discovery Program, which focuses on (1) how HIV or its products cross the blood-brain barrier, (2) how toxic compounds generated by HIV invade brain cells, and (3) the development of compounds to block the toxic effects of HIV on immune system cells.

Budget Policy: The 2011 estimate for this program area is \$90.368 million. NIDA has made major strides by embracing new techniques, including new tools to measure neighborhood-level environmental risk factors and the effect of psychosocial stress on individuals with substance-use disorders by collecting behavioral and physiological data in participants' real-time environments. This activity, now well underway and attracting considerable interest from addiction researchers worldwide, represents the first systematic, prospective effort to link indices of community-level risk to intensive field measurements of individual attempts at behavior change.

Research Management and Support (RMS): RMS activities provide administrative, budgetary, logistical, and scientific support in the review, award, and monitoring of research grants, training awards, and research and development contracts. Additionally, the functions of RMS encompass strategic planning, coordination, and evaluation of NIDA's programs, regulatory compliance, international coordination, and liaison with other Federal agencies, Congress, and the public. NIDA currently oversees more than 1,800 research grants and more than 190 research and development contracts. In addition to the infrastructure required to support research and training, NIDA also strives to educate the public about drug abuse and addiction and to raise awareness of the science behind it.

Budget Policy: The 2011 estimate for this program area is \$63.791 million. NIDA will continue to support scientific meetings to stimulate interest and develop research agendas in areas significant to drug abuse and addiction. NIDA will also continue to support educational outreach aimed at various audiences, including HIV high-risk populations, physicians, courtroom judges, and educators to promote awareness of substance abuse issues and disseminate promising prevention and treatment strategies. Adolescents represent a key target audience for our education efforts. Building upon NIDA's popular Drug Facts Chat Day, in which students from across the country are able to learn the facts about drug abuse from NIDA scientists, in 2010 NIDA plans to hold a "teen awareness week" with Chat Day at its center, and other events scheduled nationwide to arm teens with information that can help them make healthy decisions.

NIH Common Fund: NIDA is the co-lead, with NIEHS and NIDCD on an RFA on Technology Development in Epigenetics. Its goal is to foster the development of revolutionary technologies with the potential to significantly change how epigenomics research is performed in the future. This could enable the use of epigenomic changes to

diagnose and investigate the effects of environmental exposures (e.g., drugs of abuse, toxins, infection) on disease (e.g., cancer, neuropsychiatric disorders, aging). NIDA also participates in the support of Institutional Training Grants focused on Interdisciplinary training through the NIH Blueprint and the NIH Common Fund. The purpose of these initiatives is to foster changes in academic culture as well as interdisciplinary team approaches to research, with training provided to investigators at differing career stages.

Recovery Act Implementation

Recovery Act Funding: \$261.156 million

In FY 2009, NIDA received about \$261.156 million under the Recovery Act. Of this amount, \$136 million was obligated in FY 2009 and \$125 million will be obligated in FY 2010. This boost in funding will speed the pace of research, provide jobs, and advance the science needed to address addiction and its related health consequences. Studies will encompass genetic and other risk factors, neighborhood-specific prevention approaches, novel medications to treat addiction, and comparisons and costs of translating effective strategies into community and criminal justice settings. Findings will help our Nation counter one of its costliest, preventable, and treatable health problems. NIDA has designated three Signature Areas as key subsets of this research:

- (1) **Eradicate tobacco addiction:** Nicotine addiction remains at unacceptably high levels and is exorbitantly expensive. Recent scientific advances position us to achieve this important goal through support of research to develop effective therapeutic and prevention interventions.
- (2) **Genetic influence on the development and structure of the human brain:** Research will advance our understanding of the interplay between genes and environment in shaping brain development, elucidating the contribution of specific genes to neuropsychiatric disorders and how environmental factors can trigger disease in those genetically vulnerable.
- (3) **Research and development of anti-drug vaccines:** Antibodies can be generated against specific drugs of abuse in order to reduce their entry into the brain and block their behavioral effects. If successful, this novel approach would represent a major breakthrough that could greatly enhance the impact of existing addiction therapies.

To address two of our signature areas, NIDA used ARRA funds to award \$10 million grant to Nabi Biopharmaceuticals (Nabi) to advance the development of a nicotine vaccine and move it closer to final FDA approval. As a result of ARRA funding, Nabi has entered an agreement with GlaxoSmithKline to provide an additional \$40 million to exclusively in-license NicVAX on a worldwide basis and develop follow-on, next-generation nicotine vaccines. This work is an excellent example of leveraging government resources to further develop and market a medication for tobacco addiction.

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Budget Authority by Object

	FY 2010 Enacted	FY 2011 PB	Increase or Decrease
Total compensable workyears:			
Full-time employment	392	410	18
Full-time equivalent of overtime and holiday hours	1	1	0
Average ES salary	\$168,407	\$170,765	\$2,358
Average GM/GS grade	13.0	13.0	0.0
Average GM/GS salary	\$111,853	\$113,419	\$1,566
Average salary, grade established by act of July 1, 1944 (42 U.S.C. 207)	\$96,677	\$98,031	\$1,354
Average salary of ungraded positions	135,850	137,752	1,902
OBJECT CLASSES	FY 2010 Estimate	FY 2011 Estimate	Increase or Decrease
Personnel Compensation:			
11.1 Full-time permanent	\$30,812,000	\$31,323,000	\$511,000
11.3 Other than full-time permanent	10,195,000	10,363,000	168,000
11.5 Other personnel compensation	1,615,000	1,642,000	27,000
11.7 Military personnel	1,361,000	1,384,000	23,000
11.8 Special personnel services payments	2,852,000	2,899,000	47,000
Total, Personnel Compensation	46,835,000	47,611,000	776,000
12.0 Personnel benefits	10,948,000	11,129,000	181,000
12.2 Military personnel benefits	879,000	893,000	14,000
13.0 Benefits for former personnel	0	0	0
Subtotal, Pay Costs	58,662,000	59,633,000	971,000
21.0 Travel and transportation of persons	1,103,000	1,253,000	150,000
22.0 Transportation of things	73,000	80,000	7,000
23.1 Rental payments to GSA	0	0	0
23.2 Rental payments to others	23,000	27,000	4,000
23.3 Communications, utilities and miscellaneous charges	884,000	1,011,000	127,000
24.0 Printing and reproduction	622,000	730,000	108,000
25.1 Consulting services	2,686,000	3,030,000	344,000
25.2 Other services	4,652,000	5,190,000	538,000
25.3 Purchase of goods and services from government accounts	106,344,000	111,405,000	5,061,000
25.4 Operation and maintenance of facilities	1,522,000	1,596,000	74,000
25.5 Research and development contracts	60,098,000	65,322,000	5,224,000
25.6 Medical care	136,000	151,000	15,000
25.7 Operation and maintenance of equipment	611,000	651,000	40,000
25.8 Subsistence and support of persons	0	0	0
25.0 Subtotal, Other Contractual Services	176,049,000	187,345,000	11,296,000
26.0 Supplies and materials	3,759,000	3,950,000	191,000
31.0 Equipment	6,336,000	6,690,000	354,000
32.0 Land and structures	0	0	0
33.0 Investments and loans	0	0	0
41.0 Grants, subsidies and contributions	811,930,000	833,354,000	21,424,000
42.0 Insurance claims and indemnities	0	0	0
43.0 Interest and dividends	5,000	5,000	0
44.0 Refunds	0	0	0
Subtotal, Non-Pay Costs	1,000,784,000	1,034,445,000	33,661,000
Total Budget Authority by Object	1,059,446,000	1,094,078,000	34,632,000

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research

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Salaries and Expenses

OBJECT CLASSES	FY 2010 Enacted	FY 2011 PB	Increase or Decrease
Personnel Compensation:			
Full-time permanent (11.1)	\$30,812,000	\$31,323,000	\$511,000
Other than full-time permanent (11.3)	10,195,000	10,363,000	168,000
Other personnel compensation (11.5)	1,615,000	1,642,000	27,000
Military personnel (11.7)	1,361,000	1,384,000	23,000
Special personnel services payments (11.8)	2,852,000	2,899,000	47,000
Total Personnel Compensation (11.9)	46,835,000	47,611,000	776,000
Civilian personnel benefits (12.1)	10,948,000	11,129,000	181,000
Military personnel benefits (12.2)	879,000	893,000	14,000
Benefits to former personnel (13.0)	0	0	0
Subtotal, Pay Costs	58,662,000	59,633,000	971,000
Travel (21.0)	1,103,000	1,253,000	150,000
Transportation of things (22.0)	73,000	80,000	7,000
Rental payments to others (23.2)	23,000	27,000	4,000
Communications, utilities and miscellaneous charges (23.3)	884,000	1,011,000	127,000
Printing and reproduction (24.0)	622,000	730,000	108,000
Other Contractual Services:			
Advisory and assistance services (25.1)	2,686,000	3,030,000	344,000
Other services (25.2)	4,652,000	5,190,000	538,000
Purchases from government accounts (25.3)	68,498,000	71,430,000	2,932,000
Operation and maintenance of facilities (25.4)	1,522,000	1,596,000	74,000
Operation and maintenance of equipment (25.7)	611,000	651,000	40,000
Subsistence and support of persons (25.8)	0	0	0
Subtotal Other Contractual Services	77,969,000	81,897,000	3,928,000
Supplies and materials (26.0)	3,676,000	3,864,000	188,000
Subtotal, Non-Pay Costs	84,350,000	88,862,000	4,512,000
Total, Administrative Costs	143,012,000	148,495,000	5,483,000

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Authorizing Legislation						
	PHS Act/ Other Citation	U.S. Code Citation	2010 Amount Authorized	FY 2010 Estimate	2011 Amount Authorized	FY 2011 PB
Research and Investigation	Section 301	42§241	Indefinite	\$1,059,446,000	Indefinite	\$1,094,078,000
National Institute on Drug Abuse	Section 402(a)	42§281	Indefinite		Indefinite	
Total, Budget Authority				1,059,446,000		1,094,078,000

**NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse**

Appropriations History

Fiscal Year	Budget Estimate to Congress	House Allowance	Senate Allowance	Appropriation
2002	907,369,000	900,389,000	902,000,000	888,105,000
Rescission				(331,000)
2003	960,582,000	968,013,000	968,013,000	968,013,000
Rescission				(372,000)
2004	995,614,000	995,614,000	997,614,000	997,414,000
Rescission				(6,461,000)
2005	1,019,060,000	1,019,060,000	1,026,200,000	1,014,760,000
Rescission				(8,341,000)
2006	1,010,130,000	1,010,130,000	1,035,167,000	1,010,130,000
Rescission				(10,101,000)
2007	994,829,000	994,829,000	1,000,342,000	1,000,621,000
2008	1,000,365,000	1,015,559,000	1,022,594,000	1,018,493,000
Rescission				(17,793,000)
Supplemental				5,322,000
2009	1,001,672,000	1,035,997,000	1,029,539,000	1,032,759,000
2010	1,045,384,000	1,069,583,000	1,050,091,000	1,059,848,000
2011	1,094,078,000			

1/ Reflects enacted supplementals, rescissions, and reappropriations.

**NATIONAL INSTITUTES OF HEALTH
National Institute on Drug Abuse**

Details of Full-Time Equivalent Employment (FTEs)

OFFICE/DIVISION	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Office of the Director	26	25	29
Office of Extramural Affairs	17	17	17
Office of Management	72	71	73
Office of Science Policy and Communications	31	31	32
Division of Epidemiology, Services & Prevention Research	33	33	34
Division of Basic Neurosciences & Behavioral Research	30	30	32
Division of Pharmacotherapies & Medical Consequences of Drug Abuse	33	33	35
Center for the Clinical Trials Network	14	14	15
Division of Clinical Neuroscience & Behavioral Research	16	16	17
Intramural Research Program	122	122	126
Total	394	392	410
Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research			
FTEs supported by funds from Cooperative Research and Development Agreements	(0)	(0)	(0)
FISCAL YEAR	Average GM/GS Grade		
2007	12.6		
2008	12.6		
2009	13.0		
2010	13.0		
2011	13.0		

**NATIONAL INSTITUTES OF HEALTH
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Detail of Positions

GRADE	FY 2009 Actual	FY 2010 Enacted	FY 2011 PB
Total, ES Positions	1	1	1
Total, ES Salary	164,428	168,407	170,765
GM/GS-15	69	69	69
GM/GS-14	94	94	99
GM/GS-13	61	60	68
GS-12	47	46	47
GS-11	10	10	10
GS-10	2	1	1
GS-9	10	10	10
GS-8	8	8	8
GS-7	10	10	10
GS-6	0	0	0
GS-5	4	4	4
GS-4	0	0	0
GS-3	0	0	0
GS-2	0	0	0
GS-1	0	0	0
Subtotal	315	312	326
Grades established by Act of July 1, 1944 (42 U.S.C. 207):			
Assistant Surgeon General	0	0	0
Director Grade	8	8	8
Senior Grade	3	3	3
Full Grade	1	1	1
Senior Assistant Grade	1	1	1
Assistant Grade	0	0	0
Subtotal	13	13	13
Ungraded	83	83	87
Total permanent positions	329	329	343
Total positions, end of year	412	412	420
Total full-time equivalent (FTE) employment, end of year	394	392	410
Average ES salary	164,428	168,407	170,765
Average GM/GS grade	13.0	13.0	13.0
Average GM/GS salary	109,210	111,853	113,419

Includes FTEs which are reimbursed from the NIH Roadmap for Medical Research.

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New Positions Requested

	FY 2011		
	Grade	Number	Annual Salary
Health Science Administrator	GS-14	3	\$108,717
Bioinformatics	GS-14	2	\$108,717
Health Science Administrator	GS-13	5	\$92,001
Bioinformatics	GS-13	2	\$92,001
Applications Developer	GS-13	1	\$92,001
Contract Specialist	GS-12	1	\$77,368
Staff Scientist	Title 42	1	\$120,000
Senior Investigator	Title 42	1	\$145,000
Research Fellow	Title 42	2	\$60,000
Total Requested		18	\$895,805